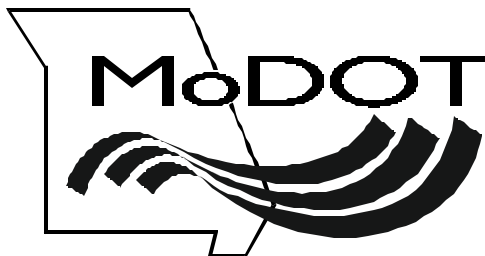


Missouri  
Department  
of Transportation



Henry Hungerbeeler, Director

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Jefferson City, MO 65102  
(573) 751-2551  
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## DISADVANTAGED BUSINESS ENTERPRISE ANNUAL UPDATE

This annual update form is required by MoDOT in order to keep your DBE eligibility status. When submitting this form you are required to enclose your previous years Federal Income Tax Returns, and any other documentation that supports the reported changes on this form.

### GENERAL INFORMATION

|   |                   |        |
|---|-------------------|--------|
| Name of Firm:                                       |                   |        |
| Street Address:                                     |                   |        |
| Mailing Address:                                    |                   |        |
| City:   | State:            | Zip:   |
| Owner of Firm:                                      | Telephone Number: |        |
| Describe the primary business activity of the firm: |                   |        |
| Person preparing this application:                  |                   | Title: |

### OWNERSHIP

Items such as amendments to any corporate by-laws or partnership agreements, transfers or issuance of stock, changes in management personnel or corporate officers, etc. should be enclosed. Note: failure to disclose all information concerning the control and ownership of the firm may lead to decertification of the firm.

**Attach additional sheets if necessary.**

|   |             |             |
|---|-------------|-------------|
| Have there been any changes in the ownership structure of the company in the past year? | YES         | NO          |
| Please check what structure the company is currently using below.                       |             |             |
| Sole Proprietorship   | Partnership | Corporation |
| Other _____   |             |             |

List equipment purchased or leased in the past year with value greater than \$1,000.00

| Type of Equipment | Make | Model | Year | Date Acquired | Present Value |
|-------------------|------|-------|------|---------------|---------------|
|                   |      |       |      |               |               |
|                   |      |       |      |               |               |
|                   |      |       |      |               |               |

List five largest contracts completed in past year.

| Owner/Contractor | Phone | Contract Amount | Project Name/Location | Type of Work Performed |
|------------------|-------|-----------------|-----------------------|------------------------|
|                  |       |                 |                       |                        |
|                  |       |                 |                       |                        |
|                  |       |                 |                       |                        |
|                  |       |                 |                       |                        |

### PERSONAL NET WORTH INFORMATION

Have you acquired any personal assets or liabilities in the last year? YES NO

If answered "YES", list details below: Note: Attach proof of change in assets or liabilities.

| Description | Acquired/Sold | Names on Assets | Liabilities Against Asset | Value of Asset |
|-------------|---------------|-----------------|---------------------------|----------------|
|             |               |                 |                           |                |
|             |               |                 |                           |                |
|             |               |                 |                           |                |
|             |               |                 |                           |                |

State of \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

To abide by all of the rules and regulations governing the certification process hereafter.

That the department has the right to conduct an on-site review of the firm's operations, as well as, audit and examine the company's books and review contracts, company structure, facilities and to request whatever additional information it deems necessary from time to time, in order to monitor the status of the company, if the firm is certified by the department as a bona-fide disadvantaged owned and controlled company.

That the department may automatically deny or rescind certification after applying its own procedures and may automatically deny or rescind certification if, during or after the certification process, it finds that the undersigned have submitted false, inaccurate, or misleading information.

\*Signature  
Printed name  
Title  
Date

\*Must be signed by at least one officer if a corporation; one disadvantaged partner if a Partnership; or the proprietor if a Sole Proprietorship.

On this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, before me appeared  
and \_\_\_\_\_ who, being duly sworn, did execute the fore-going affidavit, and did state  
they were properly authorized by the above-named DBE firm to execute this affidavit, and that they did so as their free  
act and deed.

My Commission expires: